



Employee Name:	Department:
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Internal Department Safety Orientation Guide Initials/Dates		
Hazard Communication	1. Give the employee a copy of the written department HAZ COM	
Program	Program.	
	2. Inform the employee of the location where the HAZ COM	
	Program and Safety Data Sheets are kept in the office.	
	3. Have the employee review the Hazard Communication Program	
	Powerpoint.	
	4. Have the employee sign that this has been done.	
Emergency Action Plan	1. Give the employee a copy of the department's Emergency Action	
	Plan.	
	2. Review the plan with the employee. The employee needs to	
	know what to do when evacuating, where to go, who has certain	
	responsibilities and where to meet outside, etc.	
	3. Have the employee sign that this has been done.	
Fire Safety	 Show the employee where the fire extinguishers are. 	
	2. Show the employee where the fire pull stations are.	
Risk Management Policy	Review this policy with your new employee.	
How to Report an Injury	Review with the employee the process to report an injury if they get hurt	
	on the job.	
First Aid Kit Information	Review with the employee where you keep the department's first aid kit.	
Security Guidelines	Review with the employee what the department Security rules are and	
	emphasize that they must be followed.	
Emergency Procedures	What are the department guidelines when an emergency occurs?	
	Review with your employee - who to call, what to do, how to report an	
	unsafe act, condition or situation.	
Individual Job Hazard	Review with the employee what the potential hazards of the job may	
Awareness	include.	
Ergonomic Assistance	Let employees know there is ergonomic assistance available through Risk	
	Management.	
Driving Safety Information	Review with staff the department rules on driving such as cell phone use;	
	valid license to drive County vehicle; insurance information; guidelines for	
	vehicle problems when driving alone out of town on County business.	
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**Include other department safety and security policies in this review as appropriate

Employee:	Date:
Reviewer:	Date:

Return a Copy of this completed form to Human Resources within one month of the employee beginning employment with Yuma County.